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# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10/767030

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	*
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 *	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	18	20	1
Independent (37 CFR 1.16(b))	3	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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If you need assistance in completing the form, call 1-800-PTO-8189 and select option 1.